Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohana Care Maui LLC	CHAPTER 700
Address: 1464 Lower Main Street, Unit 211, Wailuku, Hawaii 96793	Inspection Date: June 20, 2019 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-700-9 Administration and standards. (c) The supervisor shall perform a supervisory visit of all employees providing client services at each client's residence at least once a year.	PART 1	
FINDINGS There was no documentation provided to justify that supervisory visit was completed for all employees providing home care services in client's home.		
·	Correcting the deficiency after-the-fact is not practical/appropriate. For	
	this deficiency, only a future plan is required.	

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-700-9 Administration and standards. (c) The supervisor shall perform a supervisory visit of all employees providing client services at each client's residence at least once a year.	PART 2 <u>FUTURE PLAN</u>	
1 7 7 7	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? GOING FORWARD CALL MANAGERS WERE TOLD TO CONDUCT TOLD THEY WERE REQUIRED TO CONDUCT TOLD THEY WORK WITH. WE have "DOOP BY" LOGG THAT All MANAGERS FILL ONT AND EMPLOYEES Client 300 OFF ON. These are being uploaded to each clientand employees client or each clientand employee electronic file upon request. We have electronic "task" soming they have electronic "task" soming they all the Case Managers can set reminders for them solves for future ones required as Well. His case Managers and keep track and office bus managers of responsibility to be somewhat to be somewhat they are track and office bus managers of responsibility to be somewhat they are track and office bus managers of responsibility to be somewhat they are track and office bus managers.	igh ders its inesc surcit
	happens & fileall does accord	lingly.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-700-8 Policies and procedures. (6) A home care agency shall have policies and procedures that include: An orientation program for all personnel rendering services to clients on the home care agency's policies and procedures and a continuous in-service education program. FINDINGS There was no documentation provided that all direct care employees completed orientation program.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
X	§11-700-8 Policies and procedures. (6) A home care agency shall have policies and procedures that	PART 2	
	include: An orientation program for all personnel rendering services	<u>FUTURE PLAN</u>	
	to clients on the home care agency's policies and procedures and a continuous in-service education program.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	<u>FINDINGS</u>	IT DOESN'T HAPPEN AGAIN?	
	There was no documentation provided that all direct care employees completed orientation program.	we have "new hive "sheet that	
		manager doing orientation and emplo	M66
		both have to sign off on we also)
		have our "class roster" sheeto	
	·	for all employees to sign for each	
		class taken. It is the teacher's	
		responsibility to be sure all state	
		responsibility to be sure all staff sign in to the class before the	
		places begins how have the new)
		hire checklist. Everything on checklist is required to be done	}
		checklist is required to be about	2-
		Instruct the can NUF at all. 119	'
		And action manager and business	•
		managers responsibility to be some	
		managers responsibility to be some this process is follower.	

Licensee's/Administrator's Signature: Print Name: USIFA GAIVEZ Date: 911019	
Licensee's/Administrator's Signature: Print Name: Date: 71211	

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